

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10825031 FILING DATE 04-14-04

APPLICANT(S)

6-29-05

CLAIMS

AS FILED	ADDED AMENDMENT		ADDED AMENDMENT		AS FILED	ADDED AMENDMENT
	IND	DEP	IND	DEP		
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		3		
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50						
TOTAL IND.						
TOTAL DEP.	09	1	9	1		
TOTAL CLAIMS	10		10			

IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.					
TOTAL CLAIMS					